

MANAGED CARE DIABETES PROJECT UPDATE

In 1999 the Division of Medical Assistance began a Diabetes Project in cooperation with its contracted Managed Care Plans with the goals of improving quality of care and reducing morbidity and mortality for Medicaid recipients. The purpose of this project is to create a program where major health plans in the state could develop a mutually agreed upon, disease-specific protocol for diabetes care management. A sample was created from the Carolina Access, Access II & III, and Medicaid HMO populations throughout the state. A medical record data collection tool was developed based on the current Clinical Practice Recommendations for diabetes care from the American Diabetes Association. The tool included clinical quality indicators for Hemoglobin (Hgb) A1C testing and control, lipid testing and control, testing for microalbuminuria, and evidence of a dilated eye exam. Complete foot exam was included as an unofficial quality indicator. Medical Review of North Carolina, Inc. (MRNC) conducted the medical record data abstraction throughout the state during the fall of 1999. The following table reveals the aggregate baseline results for the project quality indicators.

Quality Indicators	HMO 1	HMO 2	Carolina ACCESS	Access 2&3	Medicaid Aggregate
HgbA1C testing	59%	61%	61%	66%	62%
Poor HgbA1C control	65%	61%	60%	55%	59%
Lipid profile done	43%	31%	37%	35%	36%
LDL Cholesterol controlled	67%	61%	59%	57%	59%
Nephropathy Assessment	26%	20%	14%	21%	18%
Dilated Eye Exam	10%	15%	14%	19%	15%
Complete foot exam was included as an unofficial quality indicator & the Medicaid aggregate score was 9%.					

As a collaborative quality initiative, a medical record flow sheet and patient check list was developed and then endorsed by 11 groups, which included various Managed Care Plans, the American Diabetes Association, MRNC, NC DHHS and the American Association of Diabetes Educators. MRNC sent out a letter with a copy of each tool to all Primary Care Physicians in NC during the month of July 2000. The physicians were encouraged to utilize the flow sheet in their practice and to give the checklist to their patient, which serves as an educational tool and encourages them to become active in their diabetes care.

As an independent QI initiative, DMA is evaluating our Vision Care Provider Network in NC to identify deficient areas, which would be a barrier to patients needing yearly eye exams. An article was published in the Medicaid bulletin clarifying the referral and billing process for diabetic eye exams. An important addition to that article instructs Vision Care Providers to send documentation to the referring physician regarding the results of the eye exam. DMA is also planning to initiate patient education about the importance of timely care for those with diabetes through mailings to recipients. DMA Managed Care Physician Advisory Committee has adopted *Patterns of Care: Guidelines for Diabetes Care* developed by the NC Diabetes Advisory Council as appropriate clinical practice guidelines for the management of NC Medicaid managed care recipients. Copies of the clinical practice guidelines, the medical record flow sheet and the patient checklist are available through our office for anyone who is interested. A re-measurement through medical record review will occur in the spring of 2001 to evaluate the impact of the initiatives.

By participating in this project, we are all making a commitment to improve the quality of care for Medicaid managed care recipients with diabetes. If you have any questions regarding the project, you may contact the Quality Management Section at 919-857-4022.